

Mail To: Bureau of Unemployment Compensation
P.O. Box 4200 P.O. Box 610 P.O. Box 1088
Lewiston, ME Orono, ME Presque Isle,
04243-4200 04473-0610 ME 04769-1088

**DISLOCATED WORKER
BENEFITS (DWB) WEEKLY
CLAIM FORM**

SSN: _____ Claimant's Name: _____

Office: _____ BYE: _____

I CLAIM BENEFITS FOR THE WEEK ENDING SATURDAY _____

1. Were you fully able to attend, and did you attend, all scheduled approved training during the week claimed? YES ☐ NO ☐
A. If "**NO**," give the date(s) and reason(s) for absence in the Remarks Section below.
2. How many days during the week are you scheduled for training? _____
3. Are you on school vacation or break in training? YES ☐ NO ☐
A. If "YES," give start and end dates of break in training. From: _____ To: _____
4. **If the training has been completed or terminated, give the last date of attendance.** _____
5. Did you receive any of the following: Bonus Pay, Vacation Pay, Holiday Pay, Dismissal Wages, Wages in Lieu of Notice, Social Security, or a Pension during the week claimed? YES ☐ NO ☐
Type Pay _____ Amount \$ _____ Date Received _____
6. Did you work or earn any money during the week claimed (including tips, self-employment or Commission sales?) YES ☐ NO ☐
A. If "Yes", Employer Name and Address: _____

B. Dates Worked _____ Gross Earnings \$ _____
You must provide written verification of your earnings before benefits can be paid.
C. Are you still employed? If not, explain why in the Remarks Section below. YES ☐ NO ☐
7. Are you claiming benefits for dependent children? (If "YES," complete A, B, and C below.) YES ☐ NO ☐
A. Was your spouse employed **full time** during the week claimed? YES ☐ NO ☐
B. Does your spouse contribute some support for dependents? YES ☐ NO ☐
C. Explain any changes in number of dependents claimed in Remarks.
8. If your address/telephone has changed, please enter new address/telephone number here: _____

Remarks:

Claimant Certification: I certify that all statements for the week covered by this claim are true and correct. I know the law imposes penalties for false statements made on this claim. I am not seeking any other State, Railroad, or Federal unemployment insurance.

Claimant's Signature

Date

Training Facility or Training Sponsor Certification: The answers provided in questions 1, 2, 3, and 4 are in accordance with our records. Statements made by the claimant appear to be complete and correct to the best of my knowledge, unless otherwise noted.

Facility / Sponsor Name:

Telephone No.:

Signature:

Date:

